



**City and County of San Francisco**  
**Mark Farrell, Mayor**

**Department of Public Health**  
**Emergency Medical Services Agency**

**EMERGENCY MEDICAL TECHNICIAN - (EMT) APPLICATION**

**APPLICATION TYPE** CHECK ONE:  INITIAL CERTIFICATION  RENEWAL

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

CALIFORNIA EMT#: E \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

EMS Employer Name and Address \_\_\_\_\_

**EMT Training and Continuing Education Units**

EMT Basic  EMT Refresher  CEUs\* (please list below & attach CEU certificates)

If EMT Basic or EMT Refresher Course, indicate name of Course Provider \_\_\_\_\_

Date of Course Completion \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* List Continuing Education Units - must total 24 hours\* (Recertification Applicants only)**

Course Date	Course Title/Topic	Approved CE Provider Name	CE Provider Number	# of Course Hours	SF EMS Agency Use Only

San Francisco EMS Agency, Attn: Certification  
 30 Van Ness Avenue, Suite 3300, San Francisco, CA 94102-6027  
 Phone (415) 487-5000 • Website: [www.sfdph.org](http://www.sfdph.org)  
 E-Mail: [emsacertifications@sfdph.org](mailto:emsacertifications@sfdph.org)  
 Application Hours: Monday through Friday 8:00 am – 4:00 pm

**ANSWER THE FOLLOWING QUESTIONS BEFORE SIGNING THIS APPLICATION:**

- yes  no **Have you ever had a certification, accreditation, or professional license denied, suspended, revoked, placed on probation, or are you under investigation at this time?**
- yes  no **Are there criminal charges pending against you?**
- yes  no **Have you ever been convicted of any felony or misdemeanor offense in California or in any other State or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?**

If you answered **Yes** to any of the above questions, attach a written explanation describing the crime, date, location, court, conviction, corrective action, and/or remediation. Attach DMV, court, and police records.

**I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief. I understand any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Attach the following documents to the application and mail, e-mail, or bring into the office at: San Francisco EMS Agency, Attn: Certification  
30 Van Ness Avenue, Suite 3300  
San Francisco, CA 94102-6027

EMT Initial Applicant	EMT Renewal Applicant	EMT Renewal Applicant with Lapsed Certification
<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> <b>Copy</b> of EMT Basic Course Completion Certificate (within the past 2 years) <input type="checkbox"/> <b>Copy</b> of both current NREMT certificate (within the past 2 years) and current NREMT certification card <input type="checkbox"/> <b>Copy</b> of current State driver's License <input type="checkbox"/> <b>Copy</b> of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> <b>Copy</b> of completed <i>Live Scan Fingerprint</i> DOJ and FBI form (within past 12 months) <input type="checkbox"/> \$149.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card <input type="checkbox"/> Out-of-State applicants are considered Initial Applicants and must submit a copy of their Out-of-State EMT Certificate.	<input type="checkbox"/> Completed original EMT application form <input type="checkbox"/> <b>Copy</b> of current State driver's License <input type="checkbox"/> <b>Copy</b> of current American Red Cross Healthcare Provider or American Heart Association Healthcare Provider, CPR card <input type="checkbox"/> <b>Copy</b> of current EMT certification card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> Proof of Continuing Education Training <ol style="list-style-type: none"> <li>a. <b>Copy</b> of EMT Refresher Course Completion Certificate or</li> <li>b. <b>Copies</b> of Continuing Education Unit (CEU) Certificates - 24 hours. On-line CEUs must say Instructor-based on certificate</li> </ol> <input type="checkbox"/> \$110.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card  **Out-of-county Renewal Applicants submit a SF EMSA Live Scan Form and \$149.00 fee	<p align="center"><b>EMT Renewal Applicant with Lapsed Certification</b></p> <p><b><u>Lapse of 6 months or less</u></b></p> <input type="checkbox"/> Same as Renewal Applicant  <p><b><u>Lapse between 7 and 12 months</u></b></p> <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 36 hours <input type="checkbox"/> <b>Copy</b> of <b>NEW</b> SF EMSA Live Scan Form  <p><b><u>Lapse of 1 year or greater</u></b></p> <input type="checkbox"/> Same as Renewal Applicant <input type="checkbox"/> CEU Requirement is 48 hours <input type="checkbox"/> <b>Copy</b> of both current NREMT Certificate and current NREMT Card <input type="checkbox"/> Completed State of California EMT Skills Competency Verification Form <input type="checkbox"/> <b>Copy</b> of <b>NEW</b> SF EMSA Live Scan Form <input type="checkbox"/> \$149.00 payable to the City and County of San Francisco via check, money order, over the counter debit/credit card, or on-line credit card

<b>FOR EMSA USE ONLY:</b>			
<b>Application Received:</b> In Person on _____ by _____		Via E-Mail _____ Via Mail _____	
<b>DOJ/FBI Report:</b> Submitted _____		Received _____	
<b>Central Registry # E</b> _____	<b>Issue Date</b> _____	<b>Expiration Date</b> _____	
<b>CPR Card Expires</b> _____	<b>NREMT Pass Date</b> _____	<b>Check/MO:</b> \$ _____ # _____	
<b>Payment:</b> Debit/Credit Card: \$ _____	On-Line Credit Card: \$ _____	<b>Bill SFFD:</b> \$ _____	